



Central Charlestown Leagues Club Limited

CLUB MEMBERSHIP NOMINATION FORM

Mr. _____
I, Mrs. _____
Miss _____ (SURNAME) (GIVEN NAMES)
Ms _____

of (full address) _____
(NUMBER & STREET)

_____ (TOWN & POSTCODE)

Phone Nos. (Private) _____ (Business) _____

Email _____

Occupation _____ Date of Birth _____

I am desirous of becoming a Member of the Central Charlestown Leagues Club Limited.

I hereby certify that I am over the age of 18 years. I accept the nomination hereunder and agree if elected to membership to be bound by the Memorandum and Articles of Association and any Rules, Regulations or By-Laws of the Club from time to time in force.

DATED this _____ day of _____ 20 _____

(Applicant)

(Proposer) _____
(PRINT NAME) (SIGNATURE)

(Seconded) _____
(PRINT NAME) (SIGNATURE)

I nominate the abovementioned applicant for membership of Central Charlestown Leagues Club Limited and certify that we believe him/her to be eligible for membership and we consider him/her to be a suitable person to be elected a member of the above Club and that we are eighteen (18) years of age or over.

Do you wish to be posted Ballot Paper for Annual General Meeting? Yes/No

(FOR CLUB USE ONLY)

Date Membership Paid _____

Receipt No. _____

Membership No. _____